Director's Signature: Employee signatures on this time sheet certify the employee has performed the		UBS .						Time Log/Program / Area:2048 Boston Drug Lab							
		work associated with the account(s) listed.													
Employee Name:	Sunday	7 06/20/10 Monday 06/21/10			T	15/20/40	Week Ending: June 26, 2010								
	Day:	Canday	00/20/10	Worlday	70/21/10	Tuesday 0	6/22/10	Wednesday	y 06/23/10	Thursday	06/24/10	Friday 06/2	5/10	Saturday	06/26/10
Corbett,Kate	In – Out	100000000000000000000000000000000000000	4			(M)	7			180		10			
45/191000 (1)	Lunch: Out – In	Secret				1260	D30	1700	130	1700	1530	100	1230		
Employee Signature	Outside Duty: From – To		116 mil.			16/			1./	10-	10	1/2-	1 0		
Document exceptions or comments, indicate type and amount.				SIF	7.5		- 1				<u>I</u>			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Desjardins, Stacey	Day: In – Out					•						,			Tana
8100-9745	Lunch: Out – In		100 mm (100 mm) (100			/									
Employee Signature	Outside Duty: From – To	2										/			2.5
Document exceptions or comments, indic amount.	ate type and	STEPPS	100 mg/s	DEA school		DEAschul		DEA School		OEA school		WEA School			
Dookhan, Annie	Day: In – Out	11 25 cm (142) 11 25 cm (142)		1045	415	6:45	400	6.45	4112	900	3	10:45	400		The state of the s
45161000	Lunch: Out – In			1200	1230	1200		1200	1233	1200	1230	1200	1230		
Employee Signature	Outside Duty: From – To									2'5	12	135	10:45		
Document exceptions or comments, indicate type and amount.				07	1.5	DT	1.25	OTI	1-5	Plym:	sur. Smc+	FallRiv			
Frasca, Daniela	Day: In – Out		distriction.	6:45	2:48	6-45	2:45	6145	2:45	6:45	2:48	6:45	1:45		
45161000	Lunch: Out – In			1:00	1:30	-	21:10		1		1:30		12:30		
Employee Signature	Outside Duty: From – To														
Document exceptions or comments, indicate type and			11 12 12 12 12 12 12 12 12 12 12 12 12 1					13175	_			Siz			

Director's Signature:	Time Log/Program / Area: 2048 Boston Drug Lab													
Employee signatures on this time she	et certify the em	ployee has performed the	e work associ	ated with the	e account(s) l	isted.	-			2040 503	rou ring ran			
Fandana Nama	T	· · · · · · · · · · · · · · · · · · ·		·				Wee	k Ending:	June 26	<u>3, 2010</u>			
Employee Name:	Box 6	Sunday 06/20/10	Monday (06/21/10	Tuesday 0	6/22/10	Wednesday	y 06/23/10	Thursday	06/24/10	Friday 06/2	25/10	Saturday (6/26/10
Glazer,Lisa	Day: In – Out												1	
45161000	Lunch: Out – In	200 (244) 200 (244)	·/								 			352.47.28,27.90 27.77.77.77
Employee Signature	Outside Duty: From – To		/.		2/			.:	1	<u> </u>		<u></u>		
Document exceptions or comments, indica amount.	ate type and		DEA	shal	DEA	School	DBAS	schal	DEAS	That	DBA.	schiel	0 0 00 000 0 0 0 000 0 0 0 0 0 0 0 0 0	7 147
Lawler, Michael	Day: In – Out				830	700	755	155	830	800	745	815	700	680
45/6/1000hl Links	Lunch: Out – In				155	125			105	135	1230	150	(BD)	130
Employee Signature	Outside Duty: From – To	1.000 to 1000												
Document exceptions or comments, indica amount.	ate type and		N&C_	7.5 L	0 T	2,5	VAC	1,50	OT 3	3.5	07	4.5	δZ	(1)
Medina, Nicole	Day: In – Out		7:40	3:40			735	3:35	7:46	3.40	713	3.15	The state of the s	
45161000	Lunch: Out – In		12	1230			B	1230	12	1230	12	1532	para para para para para para para para	
Employee-Signature	Outside Duty: From – To										7:35			
Document exceptions or comments, indicate type and amount.					Du	4				<u>L</u>	FALLEH	tt-		
O'Brien, Elisbeth	Day: In – Out		g co	430	730	330	140	440	150	156				, A.S.
45161000	Lunch: Out – In		1130	1200	1130	1200	130	1200						
Employee Signature	Outside Duty: From – To													
Document exceptions or comments, indica amount.	ate type and		CEY	1.0	+1	. Copt	cit	0.5	Citt	0.5	Sick	6.5		

Director's Signature:

Director's Signature:									Time Log/Program / Area: 2048 Boston Drug Lab							
Employee signatures on this time she	et certify the e	employee has perfo	rmed the	work associa	ited with the	account(s) li	sted.				2040 0031	on Drug Cab				
									Weel	k Ending:	June 26	, 2010				
Employee Name:		Sunday 06/20/1	0	Monday 0	6/21/10	Tuesday 06	5/22/10	Wednesday	06/23/10	Thursday 0	06/24/10	Friday 06/2	5/10	Saturday 06	CIOCIAO	
Philips, Gloria	Day: In – Out			8:35	435		-/					, Triday 00/2	/	Saturday of	3/20/1U	
45161000 — P1 100	Lunch: Out In			12100	12/30									10 m		
Employee Signature	Outside ~Duty: From – To	2000 2000 2000 2000 2000 2000 2000 200														
Document exceptions or comments, indica	ate type and					CMT'	7,5	CMT	75	CMT	7.5	emī	5	5		
Piro, Peter	Day: In – Out			J30	430	915	515									
45161000	Lunch: Out – In		ne control	12	1230	12	1234							1 12 12 12 12 12 12 12 12 12 12 12 12 12	1.00 E. 10 E	
Employee Signature	Outside Duty: From – To							//								
Document exceptions or comments, indica amount.	ate type and							7.	SVAC	7.5	VAC	Per	7.5 V	200	-5	
Renczkowski, Daniel	Day: In – Out			445	445	445	445	6:45	445	145	245	6.45	145	645	- 245	
45161000	Lunch: Out – In			/200	650	1300	1330	115	45	ひるひ	1230	1200	(130		1230.	
Employee Signature	Duty: From – To		78 au 78						12.45			935		1.5		
Document exceptions or comments, indica amount.	· · · · · · · · · · · · · · · · · · ·			24	.75 V	o dh		Suffelks	Superior			FAH KIN	Z des	0	_ _b	
Saunders, Della	Day: In – Out			1 10,	3:30	645	3:30	6:45	1.00	6:45	430	1.05	2:45	UF)4K	
45161000 Della Surved	Lunch: Out – In			1:30	3:00	1:50	giw				2:00	10:00	1030	1ºw	1150	
Employee Signature	Duty: From – To							8:30	10:45				10:45		- L -	
Document exceptions or comments, indicamount.	ate type and			OT o	75	070	0.75		(Superak	OT 1.	75 V	FULLE	va	07	75 15	

Director's Signature:								Time Log/Program / Area: 2048 Boston Drug Lab								
Employee signatures on this time she	eet certify the em	ployee has p	erformed the	work associ	ated with the	account(s) l	isted.		- J giv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2040 DUST	on Ding Cap				
									Wee	k Ending:	June 26	5, 2010				
Employee Name:		Sunday	06/20/10	Monday	06/21/10	Tuesday 0	5/22/10	Wednesday	/ 06/23/10	Thursday 0	6/24/10	Friday 06/2	5/10	Saturday 0	6/26/10	
Spraque, Shirley	Day: In – Out			X50	450			900	5W	835	500	835	1/35			
45161000	Lunch: Out In			100	30			100	130	100	130	1200	1330			
Employee Signature)	Outside Duty: From – To									, ,			19V-	200		
Document exceptions or comments, indica	ate type and				1. 4.	510	15	/			<u> </u>					
Tan, Zhi	Day: in – Out			6:45	1242	6:45	7:00	6:45	6:10	6:45	7:45	6:45	7:45	ENGE	EUF	
45161000	Lunch: Out – In			13:5	2:25	12:00	12:30			12:00		12:00	(X:30	6.48 [2130	100	
Employee Signature	Outside Duty: From – To															
Document exceptions or comments, indica amount.	ate type and			Cat.	15 175 14 01	CT	4.25	07	0.5	07	5,0	0 T) J	στ	11.0 11.0	
Tran, Mai	Day: In – Out			745	12			830	230	8-		01				
45161000 MM 1 1 MM	Lunch: Out – In			•												
Employee Signature	Outside Duty: From – To									[115						
Document exceptions or comments, indica amount.	ate type and			1.75 . Dr.	mid-,/		<u> </u>		<u> </u>	Brech	Kton)		<u> </u>			
	Day: In Out															
45161000	Lunch: Out – In		77													
Employee Signature	Outside Duty: From – To															
Document exceptions or comments, indicamount.	ate type and												L	Page 1		

Director's Signature:

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Em	ployee:	stal Belan		Employe	ee#: <u>Listalbelu</u> n
Department:		/ /			
Date(s) of ov	ertime work	: 6/26/10			
# of hours red	quested:	Kal Belan			
Why work ca	nnot be com	pleted during re	gular hours:	<u>Signi Ficant</u>	Luckly Laydes
Overtime is to	· · · · · · · · · · · · · · · · · · ·	d at OT rate	added to o	comp time bala	ance
OT Account:	8100-9	7745	- - -		·
Approval:	dalum sa dan esa makada esa a sa da	amaga antan antan da salah da antan da		tendensen, mende meditela etatika 2 ora 12.0 serten 7880. versatukanan sa	enterprise de la récombinación de la capación material de la constitución de la constitución de la constitución
Supervisor:_				Γ	Date:
Department l	Head:	Monu	e han		Date: 6/24/10
Denial reason	n:				
lame	Employee ID#	Overtime earned	Name	Employee	D# Overtime earned
	120459				
niel Perzzkowski		7.5 MRS			
ella Soundees		7,5 MRS			
hi Tan	148724	11 hes	<u> </u>		
		,			
		I	1	1	1